



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
406 444-3134

TRS Office Use Only

**MEMBERSHIP ELECTION
SUBSTITUTE TEACHER OR PART-TIME TEACHER'S AIDE**

(PLEASE TYPE OR PRINT LEGIBLY IN DARK INK)

Personal Data:

(Name)

____ - ____ - ____
(Date of Birth)

(Social Security Number)

(Home Mailing Address)

(City, State & Zip Code)

(____)_____
(Area Code & Telephone Number)

(Sex M/F)

(Maiden Name)

- A substitute teacher or part-time teacher's aide may elect to be a member of the Montana Teachers' Retirement System (TRS) on the first day of employment. Once you elect to become a member you **must** continue to be a member each successive fiscal year while employed as a substitute teacher or a part-time teacher's aide.
- If you do not elect to be a member of the TRS on the first day of employment as a substitute teacher or part-time teacher's aide, you **must** become a member once you have completed 210 hours in any school year. Once you become a member you are required to continue to be a member in each successive school year while employed as a substitute teacher or a part-time teacher's aide, even if employed for only one day.

I elect the following option with respect to the possibility of working more than 210 hours in the capacity of a substitute teacher or a part-time teacher's aide. Initial the appropriate box to indicate your selection.

Are you receiving a monthly benefit from the Montana TRS?	YES	NO
If you are receiving a monthly benefit from the Montana TRS DO NOT complete the remainder of this form. However, you are limited to part-time employment, plus a maximum dollar amount, and still receive your monthly benefit. You and your employer must contact the TRS to confirm the maximum dollar amount you may earn and still receive your monthly retirement benefit. This form must be returned to the school business office, to be retained by the employer.	_____	_____
I prefer to have a deduction for the Montana TRS made beginning on the first day of my service as a substitute teacher or a part-time teacher's aide. I have completed the 'Record For Membership' form.	_____ Initial	
I prefer that no deductions for the Montana TRS be made from my substitute teacher or part-time teacher's aide pay until I have completed 210 hours of service during the school year.	_____ Initial	

THIS FORM MUST BE RETURNED TO THE SCHOOL BUSINESS OFFICE, TO BE RETAINED BY THE EMPLOYER

(Signature)

____ - ____ - ____
(Date)

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST